



Republic of the Philippines  
**PHILIPPINE HEALTH INSURANCE CORPORATION**  
Philhealth Regional Office VI, Majestic Bldg. #15 J. De Leon St., Iloilo City  
Tel Nos. 3378724 / 5087300 region6@philhealth.gov.ph

PHILHEALTH REGIONAL OFFICE VI MSD LMS-CONTROLLERSHIP	
RECEIVED DATE: 8/3/20 9:15 AM	RELEASED DATE: 8/2

### PURCHASE ORDER

Supplier: **TOPMOST DEVELOPMENT & MARKETING CORP.**

Address: **San Rafael St., Mandurriao**  
**Iloilo City**

Tel./Fax: **508-4868**

Supplier Registered with:

Please deliver to this Office **within 15 calendar days** upon receipt hereof:

P.O. No: **61207-154**

Date: **July 19, 2012**

Terms of Payment: **30 calendar days**

Mode of Procurement: **Negotiated Procurement**

RIV No.: **395-07-12**

1208-0343

NO	QTY	UNIT	ITEM DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	1	LOT	LABOR & MATERIALS FOR THE REPAIR OF STONNER		1,350.00
			FLOOR MOUNTED AIRCON		
			BRAND: FEDDERS S/N: DS002603F		
			LOCATION: CASHIER		
			Materials needed: brand new		
	2	units	Fan Motor Bearing		
			Job Description:		
			Replacement of Fan Motor Bearing		
	*****	*****	For PRO-VI use	*****	1,350.00
			TOTAL		

#### Conditions:

\*The Agency shall impose a penalty in the amount equivalent to 1/10 of 1 percent of the value of undelivered order for each day of the delay as liquidated damages.

\*Render your bills in triplicate copies including the original.

\*If the date of receipt of this P.O. by the dealer is not indicated, it shall be deemed received on the 10th working day from the date of the approval.

\*For imported items. IMPORTANT DOCUMENTS specifically showing the condition, serial numbers of the equivalent purchased, and tax receipts should be submitted by the supplier.

Very truly yours,

**MARJORIE A. CABRIETO**  
LMSD Chief

Fund available in the amount of: 2 1350.-

Approved:

**DENNIS S. MAS, Ph.D. URP**  
RVP - PRO VI

**JEJEN ROSE CHU-GAVINO**  
Fiscal Controller IV

Received copy of P.O. on 22 AUG - 12

By: SELRIO, JEBERTS.

CONFORME:

**TOPMOST DEVELOPMENT & MARKETING CORP.**  
(Printed Name & Signature of Supplier/Rep.)